



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

# **Strategic Plan FY 2007 - 2011**



# IDAHO DEPARTMENT OF HEALTH & WELFARE

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Dear Citizens,

I am pleased to present the 2007-2011 Strategic Plan for the Idaho Department of Health and Welfare.

Since its establishment, the Department and its partners have been successful in promoting and protecting the social, economic, mental and physical health and safety of Idahoans. In providing these valuable services, IDHW has become a vital partner to other agencies and communities in our state.

As we look forward, we face many challenges. Our mental health and substance abuse services are fragmented at the national, state and local levels. We are seeing more and more businesses which can no longer afford to offer health insurance for their employees, and we also are challenged by a growing number of working poor.

However, Idaho has an opportunity for action. The Strategic Plan lays the foundation for our agency to systematically address the issues of our state and communities with a vision that is coordinated with our partners. The Strategic Plan sets a prioritized timeline for meeting measurable objectives to attain goals that better serve the people of our state.

This plan is outcome driven. House Bill 300 of the 58th Legislature directed state agencies to develop strategic plans and performance information that can be used to:

- Improve state agency accountability to state citizens and lawmakers;
- Increase the ability of state agencies to improve agency management and service delivery; and
- Assess program effectiveness.

The Department is committed to deliver services that provide for the safety and well-being of Idaho's children and families. This plan is the road map for our journey.

Sincerely,

Richard M. Armstrong  
Director

## VISION, MISSION, VALUES

### Vision

Provide leadership for development and implementation of a sustainable, integrated health and human services system.

### Mission

To promote and protect the health and safety of Idahoans.

### Values

Integrity, high quality customer service and compassion are the foundation for all Department activities. A focus on these values will make us successful.

### Goals and Objectives

#### Goal #1 - Improve the health status of Idahoans

- Objective #1 Improve healthy behaviors of adults to 75.40% by 2011.
- Objective #2 Increase the use of evidence-based clinical preventive services to 70.33% by 2011.

#### Goal #2 - Increase the safety and self-sufficiency of individuals and families

- Objective #1 Increase the percent of Department clients living independently to 84.31% by 2011.
- Objective #2 Increase the percent of individuals and families who no longer use Department services to 55.48% by 2011.
- Objective #3 The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2011.

#### Goal #3 - Enhance the delivery of health and human services

- Objective #1 Improve the access to dental, behavioral, and primary care services to Idahoans to 50.00% by 2011.
- Objective #2 Increase the percent of Idahoans with health care coverage to 78.67% by 2011.
- Objective #3 By 2011, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.
- Objective #4 The Department accuracy rates of key identified programs will reach 93.50% by 2011.
- Objective #5 The Department will improve customer service annually in the areas of caring, competence, communication, and convenience.

## GOAL #1

### *Improve the health status of Idahoans*

#### **Objective #1**

Improve healthy behaviors of adults to 75.40% by 2011.

#### Performance Measure

Percent of healthy behaviors by Idaho adults as measured by the Healthy Behaviors Composite (HBC).

#### Rationale for Objective and Performance Measure

The Healthy Behaviors Composite gauges health risks for the leading causes of mortality and morbidity in the state. Increasing healthy behaviors for the most prevalent diseases can decrease future morbidity and mortality resulting from chronic diseases such as cancer and heart disease.

#### Performance Measure Description

The performance measure is a composite of five health behavior indicators for Idaho adults who:

- Are not current smokers;
- Participate in leisure time physical activities;
- Consume five or more fruits and vegetables/day;
- Are not heavy drinkers of alcoholic beverages; and
- Have not used illicit drugs in the past 12 months:

#### Status and Target

Goal #1 Objective #1 Statement	2002	2003	2004	2005	2006	2011 Target
Improve healthy behaviors of adults to 75.40% by 2011.	74.04%	74.24%	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	75.40%

Interpretation: In 2003, on average, the percentage of Idaho adults participating in the identified healthy behaviors rose to 74.24%.

## How Target Was Created

The overall target of 75.40% is a composite of individual health indicator targets. These targets were developed through a combination of analysis of trend data, comparisons to the US state median, high, and low values, and seven year projections, along with relevant Healthy People 2010 goals.

## Environmental Factors

While the Department will attempt to motivate individuals to practice healthy behaviors, there are environmental factors beyond the control of the Department that may impact our ability to improve health behaviors, including:

- Family and peer influence;
- Broad changes in socio-economic status of the population;
- Changes in the education level of people;
- Fluctuations in tobacco prices and taxes;
- Marketing and social acceptance of tobacco use (especially as portrayed in the media);
- Changing preferences of food types;
- Availability and price changes for unhealthy foods;
- Availability of affordable fruits and vegetables;
- Changing levels of stress;
- Availability and costs of alcohol;
- Availability and costs of illicit drugs;
- Enforcement trends for illicit drugs;
- A two-year lag time between the survey and data findings do not result in fine-tuning the survey questions each year;
- The availability of public infrastructure for physical activity; and
- The amount of funding resources appropriated to motivate behaviors.

## **GOAL #1**

### ***Improve the health status of Idahoans***

#### **Objective #2**

Increase the use of evidence-based clinical preventive services to 70.33% by 2011.

#### Performance Measure

Percent of evidence-based clinical preventive services used by Idahoans as measured by the Clinical Preventive Services Composite (CPSC).

#### Rationale for Objective and Performance Measure

The performance measure reflects the use of three screening services commonly used to detect the two leading causes of death in Idaho, cancer and heart disease. The performance measure also reflects three preventive services directly linked to improving cancer health, heart disease, oral health, and maternal and child health.

Research indicates that using clinical preventive services is directly related to improving individual health.

Screenings provide an opportunity for early diagnosis of health problems before they become significant and expensive. Screenings also provide an opportunity for patient education by health care providers.

#### Performance Measure Description

The performance measure is a composite of six evidence-based clinical preventive service indicators for Idahoans that impact health. They include the number of:

- Adults screened for cholesterol in the last five years;
- Women age 40 and over who received a mammogram in the last two years;
- Adults 50 and over who have ever received colorectal cancer screening;
- Adults who had a dental visit in the last 12 months;
- Women who received adequate prenatal care; and
- Children 19-35 months whose immunizations are up to date.

### Status and Target

<b>Goal #1 Objective #2 Statement</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Increase the use of evidence-based clinical preventive services to 70.33% by 2011.	66.16%	67.53%	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	70.33%

Interpretation: In 2003, on average, the percentage of Idahoans accessing the identified evidence-based clinical preventive services rose to 67.53%.

### How Target Was Created

The overall target of 70.33% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from trend data, a seven year projection, the relevant Healthy People 2010 goal and comparisons to the US state median, high, and low values.

### Environmental Factors

The Department will facilitate access to and promote the value of the clinical preventive services. However, there are factors beyond the control of the Department that impact the use of clinical preventative services including:

- An individual's motivation to seek services;
- Availability of individual insurance coverage;
- Affordability, and provision of health care coverage by employers;
- Access to health care services;
- The availability of health care professionals throughout the state, in rural and urban settings;
- Health care provider priorities and practice patterns;
- Changes in the national recommendations for screenings;
- Parental attitudes and concerns about immunizations; and
- Financial resources appropriated to the Department to promote the use of services.

## GOAL #2

### *Increase the safety and self-sufficiency of individuals and families*

#### **Objective #1**

Increase the percent of Department clients living independently to 84.31% by 2011.

#### Performance Measure

Percent of IDHW clients living independently (non-institutionalized) who would be eligible for institutionalization as measured by the Independent Living Composite (ILC).

#### Rationale for Objective and Performance Measure

Living independently aligns with our state's values for self-sufficiency by encouraging personal choice in a lower cost, safe setting.

The performance measure reflects the Department's ability to help those eligible for institutionalization (e.g. nursing homes, state hospitalization) live independently.

#### Performance Measure Description

The performance measure is an aggregate of five indicators of Department clients who are eligible but not institutionalized.

- Percent of year hospitalized clients lived independently in community;
- One-time Admission Rates to State Hospital (not readmitted within 30 days of state hospital discharge);
- Percent of people with Severe and Persistent Mental Illness (SPMI) diverted to community-based services;
- Percentage of people with a Serious Emotional Disturbance (SED) who are diverted to community-based services; and
- Non-Long Term Care to Aged and Disabled Waiver Ratio.



## Status and Target

<b>Goal #2 Objective #1 Statement</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Increase the percent of Department clients living independently to 84.31% by 2011.	Data Not Collected	Data Not Collected	76.52%	77.25%	Data Not Yet Available	84.31%

Interpretation: In 2005, on average, the percentage of Idahoans receiving the identified services in home and community-based settings (rather than in an institution) rose to 77.25%.

## How Target Was Created

The overall target of 84.31% was created by using the average of individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from trend data and program input based on Department research of circumstances that impact performance capabilities.

## Environmental Factors

The Department will work to provide independent living opportunities. However, there are environmental factors beyond the control of the Department that will impact our ability to achieve this objective. They include:

- The availability of services. Local communities and private healthcare providers are not mandated to provide services in a particular locality. Providers may not offer services in rural areas where it is not economically feasible. If local services are not available, the Department must provide services;
- Community acceptance of people with physical or mental challenges is beyond the Department's control. If those capable of living independently are not accepted in community neighborhoods, there is a good chance these individuals will have to return to an institution for they will have no other option;
- Changes in federal requirements; and
- The amount of financial resources appropriated to deliver services.

## GOAL #2

### *Increase the safety and self-sufficiency of individuals and families*

#### Objective #2

Increase the percent of individuals and families who no longer use Department services to 55.48% by 2011.

#### Performance Measure

Percent of individuals and families who no longer use department services as measured by the No Longer Use Services Composite. (NLUSC).

#### Rationale for Objective and Performance Measure

- One of the Department's primary roles is to help families and individuals develop the natural supports, skills and tools necessary to effectively manage their lives without government supports;
- The performance measure includes those services most often delivered by the Department; and
- Most Department services are intended to be short term in an effort to assist individuals and families to become self-reliant. One exception would be the Child Support program. This program is a long-term service to promote financial responsibility in families that leads to less dependence on government services. Family and Community Services also administer several services with a similar ideal.

#### Performance Measure Description

The measure tracks changes in the participation rates for services and a reduction in the number of contacts with participants. As people become self-reliant, they reduce their need for Department support.

The performance measure is a composite of service indicators for IDHW participants including:

- Graduation from the Infant Toddler Program;
- Improvement in Children and Adolescent Functional Assessment Scale (CAFAS) Scores (This is an indication of children moving towards or out of Department programs);
- Successful completion of substance abuse treatment program;
- Amount of current child support collected vs. current child support owed;
- The "all family" and "two-parent" work participation rate for people receiving cash assistance through the Temporary Assistance for Families in Idaho (TAFI) program. People receiving TAFI are required to take part in work-related activities, such as job training, that will help them become employed. Many TAFI participant families are single-parent households. However, for two parent households, an increase in the work participation rates for both parents also will be measured;

- Idahoans using Food Stamp benefits (100% of Food Stamp benefits is federal money. The use of Food Stamp benefits by Idahoans frees up financial resources for other necessities such as transportation or housing);
- Annual caseloads resulting from people who exit Department programs because they no longer need support for medical care, food or cash assistance (Department clients enrolled in food Stamp, Medicaid, TAFI, and AABD program in a State Fiscal year that do not enroll in those services the following State Fiscal Year).

#### Status and Target

<b>Goal #2 Objective #2 Statement</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Increase the percent of individuals and families who no longer use Department services to 55.48% by 2011.	Data Not Collected	Data Not Collected	Data Not Collected	45.89%	Data Not Yet Available	55.48%

Interpretation: In 2005, on average, the percentage of clients exiting identified Department services or moving to great self-sufficiency was 45.89%.

#### How Target Was Created

The overall target of 55.48% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicators that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, and program input based on department research of circumstances that impact performance capabilities.

#### Environmental Factors

Factors that are external to the department that could affect the achievement of this performance measure include:

- A small percentage of people with a disability, illness or old age require sustained social services in order to protect their safety and the safety of those around them;
- Declining economic conditions that result in a decrease in salaries, loss of benefits, or unemployment, usually leading to an increased need for public support;
- The availability of transportation for families to work;
- The availability and costs of child care;
- The skills and education level of participants;
- Change in federal requirements;
- Financial resources appropriated to deliver services; and
- Federal government and consumer group pressure to increase the enrollment of people who are eligible for Food Stamps, but do not apply. Today, Idaho is the 8th "hungriest" state according to FFY'04 Food and Nutrition Services' estimates.

## GOAL #2

*Increase the safety and self-sufficiency of individuals and families.*

### Objective #3

The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2011.

#### Performance Measure

Percent of children who are safe as measured by the Safety Composite (SC).

#### Rationale for Objective and Performance Measure

The objective reflects a public expectation and aligns with the Department's mission to help keep Idahoans safe.

The performance measure reflects trauma factors the Department can impact such as preventable physical disease, and physical or mental abuse and/or neglect. People who are safe from these trauma factors are healthier and more productive members of society, and require fewer health, social, and law enforcement services from the state.

#### Performance Measure Description

This measure serves as an aggregate measure of Department clients who have been maltreated. The measures include:

- The percent of children without a recurrence of abuse or neglect within six months of prior maltreatment;
- The percent of children in foster care not maltreated while in state custody;
- Rate of unsubstantiated complaints of abuse; and
- Percent of children who do not re-enter foster care within 12 months after being discharged from a prior foster care entry.
- Percent of children 19-35 months who have up-to-date immunizations.

### Status and Target

<b>Goal #2 Objective #3 Statement</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
The percent of children who are safe from maltreatment and preventable illness will reach 89.85% by 2011.	88.12%	90.27%	90.09%	Data Not Yet Available	Data Not Yet Available	89.85%

Interpretation: In 2004, on average, 90.09% of children receiving the identified services were not maltreated, were in safe settings, and were immunized.

### How Target Was Created

The overall target of 89.95% was created by using the average of the individual targets (i.e., a composite target).

The individual indicators that make up the overall target were created from federal requirements (benchmarks), trend data, and program input based on Department research of circumstances that impact performance capabilities.

The target used for the immunization rate was determined after examining the trend since 1997, a seven- year projection, and comparisons to the U.S. value and state high and low values.

One of the primary reasons for the slight decline in the Child Welfare target from the 2004 data is that there will be a change in the Child Abuse Central Registry in June 2007. The new system will allow substantiated complaints of abuse or neglect without the names going into the registry, which should increase the number of substantiated complaints of abuse.

### Environmental Factors

Factors that are external to the department and beyond its control that could affect the achievement of this performance measure include:

- There is a small percentage of people, regardless of the interventions, who engage in behaviors that traumatize themselves or others;
- Given the limitations of current science and medical treatments, there is a percentage of people who will not be safe even by following best practices and interventions;
- By law, we cannot intrude on people's lives and intervene in the area of abuse until after a traumatic event occurs;
- Socio-economic conditions correlate directly with people's behaviors. If economic conditions decline, abuse and neglect often increase;
- Declining economic conditions also may affect public and private funding to support intervention programs;
- Federal partners change focus of child welfare programs; and
- The amount of financial resources appropriated to deliver services.

## GOAL #3

### *Enhance the delivery of health and human services*

#### **Objective #1**

Improve the access to dental, behavioral and primary care services to Idahoans to 50.00% by 2011.

#### Performance Measures

Number of Idahoans who have access to dental, mental and primary care services as measured by the Health Care Access Composite (HCAC).

#### Rationale for Objective and Performance Measure

- Access to primary health services and providers is integral to protect the health, safety, and self-reliance of Idahoans.
- On-going primary and prevention services are less expensive to the state than emergency services.
- The number, distribution and availability of healthcare providers are strong indicators of access to health care. Without access, Idahoans cannot get the care they need to be healthy.

#### Performance Measure Description

The performance measure is a composite of three indicators that measure shortages of primary care, mental health, and dental health providers. The shortages are known as Health Professional Shortage Areas (HPSA). The three types used are:

- Primary Care HPSA;
- Mental Health HPSA; and
- Dental Health HPSA.

A Health professional(s) shortage area means any of the following which has been designated through a federal formula to have a shortage of health professional(s): (1) An area which is rational for the delivery of health services; (2) a population group; or (3) a public or nonprofit private medical facility (42 U.S.C. 254e).

The types of doctors counted in a primary care HPSA are all medical doctors who provide direct patient and out-patient care. These doctors practice in one of the following primary care specialties -- general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Physicians engaged solely in administration, research and teaching are not included.

The types of doctors who are counted in a dental health HPSA provide direct patient care, except in those areas where it is shown that specialists (those dentists not in general practice) and are not addressing the general dental care needs of the area or population under consideration.

The types of doctors that are counted in a mental health HPSA are all psychiatrists providing mental health patient care (direct or other, including consultation and supervision) in ambulatory or other short-term care settings to residents of the area.

### Status and Target

<b>Goal #3 Objective #1 Statement</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Improve the access to dental, behavioral, and primary care services to Idahoans to 50.00% by 2011.	Data Not Collected	Data Not Collected	Data Not Collected	44.75%	45.17%	50.00%

Interpretation: In 2006, on average, the percentage of Idahoans who do not live in a HPSA rose to 45.17%. An increase in this number reflects an improvement in health care access.

### How Target Was Created

The overall target of 50.00% was created by using the average of the individual targets (i.e., a composite target).

The target for the dental health professional, mental health professional, and primary care health professional shortage area was determined after evaluating existing data and a projection of the data.

### Environmental Factors

This objective aligns with the Department's vision: *To provide leadership for development and implementation of a sustainable, integrated health and human services system.* The availability of health care professionals is an area the Department can influence but not control. There are factors that will potentially impact the ability to achieve the target. They include:

- Rural communities are unable to recruit and support healthcare providers;
- A change in legislative priorities, funding, or laws that impacts a community's ability to support primary health care providers;
- A negative change in economic conditions that makes it more difficult to support providers, particularly in rural communities;
- A growing population of people living in poverty who do not have the assets, insurance or income to pay for healthcare;
- Lack of public transportation reduces people's ability to meet healthcare appointments; and
- Change in federal definitions of HPSA could reduce or eliminate government incentives and support in shortage areas, exacerbating the problem.

## GOAL #3

### *Enhance the delivery of health and human services*

#### Objective #2

Increase the percent of Idahoans with health care coverage to 78.67% by 2011.

#### Performance Measures

Percent of Idahoans with health and dental care coverage.

#### Rationale for Objective and Performance Measure

- Along with access, coverage reflects an individual's ability to use primary care services.
- Health insurance coverage impacts people's use of health care services which is linked to improved health, safety, and self-reliance.

#### Performance Measure Description

The performance measure is a composite of three indicators that measure health care coverage. The performance measures are:

- Adults with health care coverage;
- Adults with dental insurance; and
- Children with health care coverage

#### Status and Target

Goal #3 Objective #2 Statement	2002	2003	2004	2005	2006	2011 Target
Increase the percent of Idahoans with health care coverage to 78.67% by 2011.	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	Data Not Yet Available	78.67%

Interpretation: In 2011, on average, the percentage of Idahoans with the identified types of health care coverage will be 78.67%.



### How Target Was Created

The overall target of 78.67% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

- The target for adult health care coverage was determined after examining the actual trend, the projected trend, the relevant Healthy People 2010 goal, and comparisons to the US state median, high, and low values.
- The target for adult dental insurance was determined after examining the actual trend and the projected trend.
- The target for child health care coverage was determined after examining the actual trend (from two sources), the projected trends, the relevant Healthy People 2010 goal, and comparisons to the US value, and high and low values.

### Environmental Factors

There are factors beyond the control of the department that will potentially impact the ability to achieve the target. They include:

- Declining economic conditions;
- A decrease in the number of employers offering coverage;
- Rapidly escalating costs of health care may reduce people's ability to purchase insurance or to pay for their share of employer sponsored health insurance premiums;
- An increase in poverty rates; and
- A change in the financial resources appropriated to deliver services.

## **GOAL #3**

### ***Enhance the delivery of health and human services***

#### **Objective #3**

By 2011, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.

#### Performance Measures

Percentage of clients receiving eligibility determinations for or enrollment in identified programs within Department timeliness standards.

#### Rationale for Objective and Performance Measure

Timely delivery of health and human services can avoid development of chronic conditions that would lead to more costly and intensive services. Furthermore, people who are eligible for services have a right to receive those services in the most efficient manner possible.

Timely application and recertification processing increases the accuracy of those functions.

The performance measure reflects the ability of key programs to meet timeliness standards, many of which are federally mandated.

#### Performance Measure Description

This performance measure is a composite of federally mandated timeframe standards for these key Department services and programs.

- Medicaid - Application timeliness;
- Percent of child protection cases meeting timeliness standards;
- Percent of eligible Infants and Toddler children enrolled within 45 days after referral; and
- Food Stamp - Application timeliness for non-emergency (non-expedite) cases.

### Status and Target

<b>Goal #3 Objective #3 Statement</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
By 2011, Department timeliness standards will be met for 92.75% of participants needing eligibility determinations for, or enrollment in, identified programs.	Data Not Collected	Data Not Collected	89.52%	84.92%	Data Not Yet Available	92.75%

Interpretation: In 2005, on average, the Department's success rate on meeting timeliness standards was 84.92%. This was a decline from the previous year.

### How Target Was Created

The overall target of 92.75% was created by using the average of the individual Performance Indicator targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), trend data, and Program input based on department research of circumstances that impact performance capabilities.

### Environmental Factors

There are factors beyond the control of the department that will potentially impact the ability to achieve the target. They include:

- The availability of resources for automation to improve efficiency. Replacing the EPICS eligibility system is a three year project, which will need sufficient funding each year until completion;
- Timeliness is directly tied to available staff to meet current workload. An increase in caseloads will impact timeliness;
- Staff turnover for eligibility staff continues to be higher than the state average because of caseload stress;
- Staff require one to two years of on-the-job training to develop the skills to become fully productive;
- A decline in economic conditions will increase the demand for services. When the state budget tightens because of poor economic conditions, there is a trend to either maintain or decrease resources to the Department. If this occurs as more people seek services, there is the likelihood that timeliness will decrease;
- Client's submission of application information is inaccurate or incomplete, requiring more staff time to fix;
- A change in Federal guidelines and/or timeframes; and
- A change in the financial resources appropriated to deliver services.

## **GOAL #3**

### ***Enhance the delivery of health and human services***

#### **Objective #4**

The Department accuracy rates of key identified programs will reach 93.50% by 2011.

#### Performance Measures

Accuracy rates of key identified programs.

#### Rationale for Objective and Performance Measure

Accurate delivery of services is important to the health and safety of those in need of services. The objective provides a way for the Department to monitor use of resources and accountability for providing services.

The performance measure reflects the Department's ability in key programs to meet accuracy standards, many of which are federally mandated.

#### Performance Measure Description

This performance measure is made up of federally required error or accuracy rate standards for these "high profile" Department services and programs.

- Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);
- Food Stamps - Federally Adjusted Negative Accuracy Rate (FNS);
- Medicaid - Client Financial Eligibility Accuracy Rate;
- Child Protection - Educational needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Protection - Physical health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Protection - Mental health needs of the child were appropriately assessed and services to meet those needs were provided or are being provided;
- Child Support - Financial Accuracy; and
- Child Support - Data Reliability Standards.

### Status and Target

<b>Goal #3 Objective #4 Statement</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
The Department accuracy rates of key identified programs will reach 93.50% by 2011.	Data Not Collected	Data Not Collected	Data Not Collected	92.34%	Data Not Yet Available	93.50%

Interpretation: In 2005, on average, the identified casework was completed accurately 92.34% of the time.

### How Target Was Created

The overall target of 93.50% was created by using the average of the individual targets (i.e., a composite target).

The targets for the individual indicator that make up the overall target were created from federal requirements (benchmarks), historical data, trend data, program input and program goals based on Department research of circumstances that impact performance capabilities.

### Environmental Factors

There are factors beyond the control of the Department that will potentially impact the ability to achieve the target. They include:

- The availability of resources to fund major automation projects, chiefly the EPICS eligibility system, to improve efficiency;
- Limited financial resources available to deliver services that are needed by children in child protection cases;
- Increase in demand for services targets will be missed;
- Increase or decrease in staff to meet current demand;
- Increase in costs, such as fuel costs, to provide services to children who live in rural areas;
- Federal or state financial resources appropriated to deliver services;
- Inaccurate application information that is supplied by the participant. The Department checks certain financial records and information in many programs, but not all facets of applicant and clients' information can be checked; and
- A change in federal rules or benchmarks that measure states' performance.

## GOAL #3

### *Enhance the delivery of health and human services*

#### Objective #5

The Department will improve customer service annually in the areas of caring, competence, communication, and convenience.

#### Performance Measures

- A. *Caring* - Percent of IDHW clients treated with courtesy, respect, and dignity.
- B. *Competence* - Percent of IDHW clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.
- C. *Communication* - Percent of IDHW clients who are communicated with in a timely, clear, and effective manner.
- D. *Convenience* - Percent of IDHW clients who can easily access Department services, resources and information.

#### Rationale for Objective and Performance Measures

Improving Customer Service is an important component of the Department's mission, vision, and values. Improved customer service will lead to better delivery of service, higher personal satisfaction for employees, and reduced job stress, and increased cost effectiveness.

The four areas of improvement (Caring, Competence, Communication, and Convenience), were selected because research has identified these as core underlying factors that have the biggest impact on quality customer service.

#### Performance Measure Description

- A. *Caring* - The performance measure is a composite of indicators that measure how well clients are treated with courtesy, respect, and dignity. The performance indicators are:
  - Survey questions asked of clients.
- B. *Competence* - The performance measure is a composite of indicators that measure the percent of Idaho clients who have a high level of trust and confidence through our consistent demonstration of a high level of knowledge and skill. The performance indicators are:
  - Food Stamps - Federally Adjusted Payment Accuracy Rate (FNS);
  - Food Stamps - Federally Adjusted Negative Accuracy Rate (FNS);
  - Medicaid Client Financial Eligibility Accuracy Rate;

- Payment Error Rate in Medicaid (PERM) Rate;
- Percentage of agency hearings upheld (gets to the accuracy of the public's perception of our competence);
- Child Support data reliability standards (ICSES Data Reliability); and
- Survey questions asked of clients.

C. *Communication* - The performance measure is a composite of indicators that measure the percent of Idaho clients who are communicated with in a timely, clear, and effective manner. The performance indicators are:

- Percent of regions/offices with at least one multi-lingual employee (and/or other workers (e.g., volunteers);
- Call wait/on hold time: data from 2-1-1 Careline, Child Support, and Benefits Call Center;
- Percent of calls re-routed more than twice: data from 2-1-1 Careline, Child Support, and Benefits Call Center;
- Percent of Calls Returned by Department Personnel When Asked/Required by the Client: Data from 2-1-1 Careline, Child Support, and Benefits Call Center; and
- Survey questions asked of clients.

D. *Convenience* - The performance measure is a composite of indicators that measure the percent of Idaho clients who can easily access Department services, resources and information. The performance indicators are:

- Percent of WIC appointments scheduled (by the district health departments) from initial call (data collected from contractor);
- Percent of TAFI and Food Stamp applicants who meet with a work services contractor within five days of the client's referral to the contractor by the Department (data collected from contractor);
- Average completion days of mail order requests for certified copies of vital records;
- Percent of unscheduled down time of IDHW web pages; and
- Navigation survey; and
- Survey questions asked of clients.

### Status and Targets

<b>Caring</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Percent of IDHW clients treated with courtesy, respect, and dignity.	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Target to be set by July 1, 2007

<b>Competence</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Percent of IDHW clients who have a high level of trust and confidence in the knowledge and skills of Department personnel.	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Target to be set by July 1, 2007

<b>Communication</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Percent of IDHW clients who are communicated with in a timely, clear, and effective manner.	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Target to be set by July 1, 2007

<b>Convenience</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2011 Target</b>
Percent of IDHW clients who can easily access Department services, resources and information.	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Data Not Collected	Target to be set by July 1, 2007

### How Targets Were Created

Currently, the Department collects a wide variety of customer service related indicators. Not all divisions, or regions, gather such data. Consequently, we will develop a set of new measures and targets that can be used department-wide to improve customer service. A baseline target for each measure will be created by July 1, 2007.



## Environmental Factors

### *A. Caring*

- The data will have to be collected and evaluated carefully since some clients may get angry about being denied services even when they were treated with courtesy and respect.

### *B Competency.*

- The data will have to be collected and evaluated carefully since some clients may get angry about being denied services even when they Department personnel demonstrated a high level of knowledge and skill.

### *C. Communication*

- The data will have to be collected and evaluated carefully since some clients may get angry about being denied services even when they were communicated with in a timely, clear, and effective manner.

### *D. Convenience*

- Convenience is directly tied to available staff to meet current workload. An increase in caseloads or decrease in staff will negatively impact clients' ability to easily access Department services, resources and information.
- In some areas of the state, there are parking limitations that make it difficult for those who want or need to physically access services. Addressing this issue will take time and resources.
- Due to the rural and remote geography of the state there always will be some degree of inconvenience for IDHW clients who require face-to-face meetings.